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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7
2013 FEB 1 AM 8: 24
EEC.MAIL CENTER

				Formie Use Only
NAME OF COMMITTEE (in full)	(Check if na is changed)	me Example:If typing, over the lines.	12114113	
American Cons	servative L	Inion Super P	AC	
		<u> </u>		<u> </u>
ADDRESS (number and street)	1331 H S	treet NW Suit	e 500	
(Check if address is changed)	Washingt		, DC	20005
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide onl	y one e-mail address)		
(Check if address	mbowma	ւր@conservat	ive.org	
is changed)		<u> </u>		
COMMITTEE NED DAGE AD	DD566 (IDI)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en en general Appelen en general gan Anne en	
COMMITTEE'S WEB PAGE AD	A 1	ing kanalah dikebangan di sebah di seb Sebah di sebah di se		1
(Check if address is changed)	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•				<u> </u>
2. DATE 01 28	2013		· · · · · · · · · · · · · · · · · · ·	
3. FEC IDENTIFICATION N	UMBER	c00505792		
4. IS THIS STATEMENT	NEW (N)	OR AMENDE	D (A)	
I certify that I have examined the	his Statement and to t	he best of my k nowledge a nd	belief it is true, correc	t and complete.
Type or Print Name of Treasure	, <u>Melissa</u>	Bowman		
Signature of Treasurer		B .	Date 01	28 2013
NOTE: Submission of false, errone		rmation may subject the person DRMATION SHOULD BE REPO	-	
Office Use		For further info Federal Election Toll Free 800-42		FEC FORM 1 (Revised 02/2009)

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. T	YPE OF C	OMMITTÉE				
C	Candidate	Committee:				
(a	a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b) <u> </u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	lame of andidate					
	andidete arty Affiliatio	on Sought: House Senate President	State District			
(c	e)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	ame of andidate					
P	arty Com	nmittee:				
(d	. [-1	(National, State	(Democratic, Republican, etc.) Party.			
P	olitical A	ction Committee (PAC):				
(е	e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:			
	لسبسيا	Corporation Wo Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
			Cooperative			
	يشتي	In addition, this committee is a Lobbyist/Registrant PAC.				
(f) 🗵	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lebbyist/Regiatrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Jo	oint Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political			
(b)	\	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political			
(h)	<u> </u>	committees/organizations, none of which is an authorized committee of a federal candidate.	o or more pointed			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number C				
	3.		Commence of the Commence of th			
	4		<u>kun Normikan Normi</u> (1991) (1991) 1997 - Grandyster Grand, 1997)			

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Write or Type Committee Name	3					
American Cons	servative Union Super PA	AC				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
None						
Mailing Address						
	CITY	STATE ZIP CODE				
Relationship: Connected	d Organization Affiliated Committee Joint Fun	draising Representative Leadership PAC Sponsor				
	ture! ture!	See Li				
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) ar	nd position of the person in possession of committee				
Full Name Treasi	urer					
Mailing Address						
Title or Position	CITY	STATE ZIP CODE				
		one number				
Treasurer: List the name an any designated agent (e.g., and the second sec	nd address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the name and address of				
Full Name of Treasurer	ssa Bowman					
Mailing Address	1331 H Street NW Suite 500					
	Washington	DC 20005				
Title or Position	CITY	STATE ZIP CODE				
	Telepho	one number				

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Full Name of Designated Agent			
Mailing Address			
			11111111
	CITY	STATE	ZIP CODE
Title or Position		,	
		Telephone number	<u> </u>
safety deposit boxes or		ch the committee deposits fur	nds, holds accounts, rents
Name of Bank, Deposite	ory, etc.		
_l Cha	ain Bridge Bank		
Mailing Address	լ1445-A Laughlin Ave		
	McLean	VA)	22101, ,]_[_,
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.		
<u>L</u> _	<u> </u>	1 1 1 1 1 1 1 1 1	<u> </u>
Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> </u>
-			
	CITY	STATE	ZIP CODE
	OH T	SINE	ZIF 000E

Federal Election Commission

The FEC added this page to the end of this filing	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 1/28/13
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signa	ture Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	· · · · · · · · · · · · · · · · · · ·
No Postmark	·
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
JMH.	2/1/13
PREPARER (3/2005)	DATE PREPARED